2015 09 10 03 0002-895

FEC FORM 1

Use

Only

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

| 1 Ortivi 1 | | | 2015 SEP ₫# | @ u#1610: 21 |
|-----------------------------------|-------------------------------|--|----------------------|------------------------------|
| NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Friends of Chuck | & Rod | | | |
| | | | | |
| | | | | |
| ADDRESS (number and street) | PO Box 25132 | <u> </u> | 1 1 1 1 1 1 | |
| (Check if address | 1 | 1 1 1 1 1 1 1 1 1 1 1 1 | · | |
| is changed) | , St Paul | <u> </u> | ,MN , ,551; | 25 |
| | CITY ▲ | | STATE A | ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADDRE | ss | | | |
| (Check if address | ,tkabrick@gmail.com | | | |
| is changed) | | | | |
| | Optional Second E-Mail Ad | ddress | | |
| | | | | |
| (Check if address is changed) | | | | |
| 2. DATE 09 09 | 2015 | | | |
| 3. FEC IDENTIFICATION NU | JMBER ▶ | | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined th | nis Statement and to the best | t of my knowledge and belief it | is true, correct and | complete. |
| Type or Print Name of Treasure | r Travis Kabrick | | | |
| Signature of Treasurer Travis | s Kabrick | Wi | Date | (TOWN) |
| NOTE: Submission of false, errone | | may subject the person signing to | | penalties of 2 U.S.C. §437g. |
| Office | | For further information co | ontact: | FEC FORM 1 |

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

(Revised 06/2012)

| | FEC FO | rm 1 (Hevised 02/2009) Page 2 | | | | |
|------------|-----------------------|--|--|--|--|--|
| | | OMMITTEE | | | | |
| Car | ndidate | e Committee: | | | | |
| (a) | | This committee is a principal campaign committee. (Complete the candidate information below.) | | | | |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | |
| | ne of didate | | | | | |
| | didate y Affiliati | Office State Offic | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Nam Can | ne of didate | | | | | |
| Par | ty Con | nmittee: | | | | |
| (d) | | (National, State (Democratic, ror subordinate) committee of the Republican, etc.) Party. | | | | |
| Poli | itical A | ction Committee (PAC): | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: | | | | |
| | | Corporation Corporation w/o Capital Stock Labor Organization | | | | |
| | | Membership Organization Trade Association Cooperative | | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) | | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | |
| Join | nt Fund | Iraising Representative: | | | | |
| (g) | × | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | | | | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | | | |
| | Com | mittees Participating in Joint Fundraiser | | | | |
| | 1. | BLUM FOR CONGRESS | | | | |
| | 2. | GRASSLEY COMMITTEE INC | | | | |
| | | | | | | |
| | 3. | | | | | |
| | 4. | FEC ID number C | | | | |
| | | | | | | |

| Friends of Chu | | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| Friends of Chuck & Rod 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor | | | | | | | | |
| NONE | | | | | | | | |
| | | | | | | | | |
| Mailing Address | | | | | | | | |
| 3 | | | | | | | | |
| | <u> </u> | | | | | | | |
| | CITY STATE ZIP CODE | | | | | | | |
| Relationship: Connect | ed Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor | | | | | | | |
| Custodian of Records: Ide books and records. | entify by name, address (phone number optional) and position of the person in possession of committee | | | | | | | |
| Travis Ka | abrick | | | | | | | |
| Full Name | ,673 Kingfisher Ln | | | | | | | |
| Mailing Address | Unit F | | | | | | | |
| | Woodbury , MN , 55125 | | | | | | | |
| | | | | | | | | |
| Title or Position | CITY . STATE ZIP CODE | | | | | | | |
| Treasurer | Telephone number | | | | | | | |
| . Treasurer : List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). | | | | | | | | |
| Full Name Travis Ka | brick | | | | | | | |
| | (673 Kingfisher Ln | | | | | | | |
| Mailing Address | Unit F | | | | | | | |
| | Woodbury MN [55125 | | | | | | | |
| Title or Position Treasurer | CITY STATE ZIP CODE Telephone number | | | | | | | |



| OOCUMENTS ow it was received. |
|----------------------------------|
| Date of Receipt |
| Date of Receipt |
| Postmarked (R/C) |
| Postmarked |
| |
| Postmarked |
| |
| |
| Shipping Date 9/9 Day Delivery |
| Date of Receipt |
| Date of Receipt |
| Date of Receipt |
| ceipt or Postmarked |
| 9/10 DATE PREPARED |
| |